

Executive Summary

Study Populations

Healthy Options General Child Population

Children aged 17 years old and younger who were continuously enrolled in Medicaid from July 1, 2003 through December 31, 2003 in a Healthy Options plan were randomly selected from Medicaid enrollment data. Up to a one-month break in the enrollment period was allowed. This sample includes children assigned a prescreen status code of 1, 2, or 3, in accordance with the methodology recommended by the National Committee for Quality Assurance (NCQA). The prescreen status codes were based on claims and encounter data, as specified in Volume 3 of the NCQA Health Plan Employer Data and Information Set (HEDIS®).^{2,3}

Healthy Options Children with Chronic Conditions Population

Children aged 17 years old and younger who were continuously enrolled in Medicaid from July 1, 2003 through December 31, 2003 in a Healthy Options plan were randomly selected from Medicaid enrollment data. Up to a one-month break in the enrollment period was allowed. Children were identified as having a chronic condition based on responses to the survey questions. (For additional information, see “Analysis” section.)

State Children’s Health Insurance Program (SCHIP)

Children aged 17 years old and younger who were continuously enrolled in SCHIP from July 1, 2003 through December 31, 2003 were randomly selected for inclusion in the CAHPS® Child Survey. Up to a one-month break in the enrollment period was allowed.

Sampling Methodology

Healthy Options – Enrollment Data

For each of the six participating plans in Healthy Options, 1,650 children meeting the Medicaid eligibility criteria were randomly selected for the CAHPS® Child Survey. This group of 1,650 randomly selected children per plan represents the Healthy Options general child population (Sample A). Additionally, up to 1,840 children per plan with a prescreen status code of 2 (based on claims and encounter data) were also randomly selected for the CAHPS® Child Survey (Sample B), yielding a total survey sample size of up to 3,490 members per health plan. Please note, not all plans were able to identify 1,840 children with a prescreen status code of 2; therefore, Sample B for these plans was less than 1,840.

State Children’s Health Insurance Program (SCHIP) – Enrollment Data

SCHIP was initiated in the State of Washington on February 17, 2000. A statewide random sample of 1,650 non-duplicated Washington resident child enrollees was selected from enrollment data.

² National Committee for Quality Assurance. *HEDIS® 2004, Volume 3: Specifications for Survey Measures*. Washington, DC: NCQA Publication, 2003.

³ HEDIS® is a registered trademark of NCQA.

Survey Process

Surveys were administered to the selected enrollees from the six health plans participating in Healthy Options and SCHIP. In Spring 2004, 20,450 Healthy Options enrollees and 1,650 SCHIP enrollees, for a total of 22,100, were mailed cover letters and survey questionnaires. If a survey was not returned within about one week, a reminder postcard was mailed. A second survey was then mailed to non-respondents within 35 days of the first survey mailing. If a questionnaire was still not returned, a second postcard reminder was sent out about one week after the second survey mailing. Non-respondents received follow-up telephone calls (Computer Assisted Telephone Interviews) for approximately two weeks with up to six calls attempted per client.

Types of Questions

This report presents data for five general types of survey questions:

1. Questions that asked respondents to rate aspects of their child's care from 0 to 10, where 0 = "Worst possible" and 10 = "Best possible."
2. Questions that asked respondents to report how often something happened, by choosing "Never," "Sometimes," "Usually," or "Always."
3. Questions that asked if certain things were "A big problem," "A small problem," or "Not a problem."
4. Questions that asked if certain things were "A big problem," "A small problem," or "Not a problem" and if anyone helped with the problem, by choosing "Yes" or "No."
5. Questions that asked respondents if the health plan or doctor performed certain actions, by choosing "Yes" or "No."

Response Rates

The overall response rate for the State of Washington was 48.2 percent. For the Healthy Options population, the overall response rate was 47.3 percent. The overall response rate for SCHIP was 60.7 percent. The actual number of responses varied per question.

Analysis

Determining Children with Chronic Condition Status

For the Healthy Options population (excluding SCHIP), 3,636 children were identified as having a chronic condition (as determined by responses to the survey questions). It is important to note that the 3,636 children identified as having a chronic condition are not mutually exclusive and included children from both Sample A (1,089 children) and Sample B (2,547 children). The prescreen status code used to identify Sample B is not the determining factor for a child with a chronic condition. Instead, the 2004 CAHPS® 3.0H Child Survey contains a Children with Chronic Conditions (CCC) survey-based screening tool and responses to those specific questions determined who was included in the CCC group. In addition, if a child was randomly selected in Sample A (the general Healthy Options population) and was also identified as having a chronic condition based on responses to the CCC survey-based screening tool, then the child's responses are included for both the general Healthy Options population and the CCC population.

Rounding

Survey response distributions (bars) for individual questions may not always sum to 100 percent due to rounding.

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Composite Calculations

Frequencies for the composites and global ratings were calculated utilizing the NCQA HEDIS® 3.0H methodology, with the exception of the Customer Service composite. Per MAA specifications, the Customer Service composite was calculated utilizing the Agency for Healthcare Research and Quality's (AHRQ's) methodology. This methodology includes an additional question in the Customer Service composite regarding paperwork.

Case-Mix Adjustment

Case-mix refers to the characteristics of respondents used in adjusting the results for comparability among health plans. Results for the Healthy Options population (general child and children with chronic conditions) were case-mix adjusted for general health status of the child, and educational level and age of the respondent. Given that differences in case-mix can result in differences in ratings between plans that are not due to differences in quality, the data were adjusted to account for disparities in these characteristics.

In general, the demographics of a response group influence CAHPS® results. In order to allow for valid plan-to-plan comparisons, case-mix adjustment was performed to control for differences in child health status, respondent age, and respondent education. The case-mix adjustment was performed using standard regression techniques (i.e., covariance adjustment). This procedure was performed independently on the Healthy Options general child population (Sample A), and also on the Healthy Options children with chronic conditions population.

Statistical Analysis

Tests of statistical significance were performed only on the Healthy Options population.⁴ First, a global *F* test was performed to determine if any of the adjusted plan means differed significantly from the adjusted Healthy Options aggregated state mean. If the global *F* test revealed that plans did differ significantly, independent *t* tests were performed to determine if each plan's adjusted mean differed significantly from the overall adjusted state mean. An alpha-level of 0.05 was used to determine statistical significance (i.e., $p < 0.05$). Please note, results for plans with fewer than 85 responses for a single survey item or composite are not reported.

For additional information on the methodology utilized, please request a copy of the "Detailed Methodology" from MAA. For general information on CAHPS®, please visit the CAHPS® Survey Users Network (CAHPS-SUN) Website at <http://www.cahps-sun.org>.

⁴ Given that SCHIP is a separate state program, it is not comparable to the other Washington plans.